

## Application Data Sheet

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### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	128/200
Suggested Group Art Unit::	3600
CD-ROM or CD-R::	None
Title::	Sleep Apnea Treatment Apparatus
Attorney Docket Number::	91-01 C7
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	11
Total Drawing Sheets::	17
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appln.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Mark
Middle Name::	C.
Family Name::	Estes
City of Residence::	Northridge
State or Province of Residence::	California
Country of Residence::	US
Street of mailing address::	18000 Devonshire Street
City of mailing address::	Northridge
State or Province of mailing address::	California
Country of mailing address::	US
Postal or Zip Code of mailing address::	91325

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Janice
Middle Name::	M
Family Name::	Cattano
City of Residence::	South Boston
State or Province of Residence::	Virginia
Country of Residence::	US

Street of mailing address:: 5018 Quail Roost Road  
City of mailing address:: South Boston  
State or Province of mailing address:: Virginia  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 24592

#### **Correspondence Information**

Correspondence Customer Number:: 30031

#### **Representative Information**

Representative Customer Number:: 30031

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date:
This Application	Continuation of	09/393,003	09/09/99
09/393,003	Continuation of	08/677,320	06/02/96
08/677,320	Continuation of	08/110,372	08/23/93
08/110/372	Continuation-in-part-of	07/786,269	11/01/91

#### **Assignee Information**

Assignee name:: Respironics, Inc.  
Street of mailing address:: 1010 Murry Ridge Lane  
City of mailing address:: Murrysville  
State or Province of mailing address:: Pennsylvania  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 15668